



# State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/12/2015

Business ID: 261794

William M. Gardner

Secretary of State

MANCHESTER ALLERGY, INC.

765 S MAIN ST STE 203

MANCHESTER, NH 03102

## ADDRESS OF PRINCIPAL OFFICE:

765 S MAIN ST STE 203

MANCHESTER, NH 03102

## REGISTERED AGENT AND OFFICE:

KALLIEL, JOHN N

765 S MAIN ST STE 203

MANCHESTER, NH 03102

ENTITY TYPE: CORPORATION

BUSINESS ID: 261794

STATE OF DOMICILE: NEW HAMPSHIRE

PROVIDE MEDICAL CARE & ADVISE; ANY OTHER LAWFUL  
ACTIVITY

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. John N Kalliel  
STREET 765 So Main Street  
CITY/STATE/ZIP Manchester Nh 03102

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. John Kalliel  
STREET 765 So Main Street  
CITY/STATE/ZIP Manchester Nh 03102

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

John N Kalliel

Please print name and title of signer:

John N Kalliel

/

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301